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Caregivers' Perception of Women's Dignity in the Delivery Room: A Qualitative Content Analysis

Abstract

Introduction: Dignified care is one of the moral responsibilities of professional caregivers; however, in many cases the dignity of hospitalized patients, especially women in the delivery room is not maintained. Dignity is an abstract concept and there has been no previous research exploring the dignity of pregnant women in the delivery room in Iran.

Objectives: The objective of the present study is to define and explain the concept of dignity for pregnant women in the delivery room from the perspective of professional caregivers.

Research design: This is qualitative research. The data was collected through in-depth semi-structured individual interviews. The conventional content analysis method was used to analyze the data. In qualitative content analysis, participant narrative is examined in depth and sorted into categories and themes.

Participants and research context: Potential participants who met the entrance criteria for this study were approached between July 2016 and February 2017. Twenty professional caregivers working in the delivery room setting within Iranian general hospitals were invited to participate in the study. The sampling was done through targeted sampling until saturation was achieved.

Findings: The findings of this study were presented in three main themes including “privacy”, “respecting patients’ preferences”, and “comprehensive attention” and 8 categories.

Ethical considerations: the research ethics committee of the Shiraz University of Medical Sciences has approved the study's protocol and all commonly recognized ethical principles were followed throughout the study.

Discussions and conclusion: Women in the delivery room needed to be taken care in an environment where healthcare staff promote the preservation of dignity through maintaining privacy, by providing attentive care and through ensuring that patient preferences regarding care and treatment were respected. In such an environment, the dignity of these women would be maintained, and desirable outcomes achieved.

Keywords: Dignity, Women, Pregnancy, Caregivers, Qualitative Research

1 Introduction

2 Maintaining patients' dignity is one of the most important professional and moral responsibilities
3 of professionals delivering healthcare ^{1, 2}, and all professional caregivers are expected to respect
4 the dignity of their patients in appropriate ways ³. Respecting the dignity of patients results in
5 enhanced communication between patients and caregivers, increases patient satisfaction and
6 consequently increases the quality of the care delivered ^{4, 5}. Some studies have, however,
7 suggested that patients face a lack of respect for their privacy and dignity when receiving care
8 and are vulnerable to losing their dignity when in clinical environments ^{4, 6}. More comprehensive
9 research is therefore needed to explain the concept of dignity ⁴.

10 A review of the literature indicates that the nature of dignity in groups such as those
11 hospitalized in general care environments ⁷, patients receiving end of life care⁸, and adolescent
12 in-patients ⁹ have been studied, though findings are complicated by cultural differences in how
13 dignity is understood ^{1, 6, 10, 11}. This concept has, however, not been explained and described for
14 women receiving care within the delivery room. On one hand, patients in operating theatre type
15 environments, including women in the delivery room setting, are prone to be ignored, abused and
16 lose their dignity because of their physical condition, unconsciousness or anesthetized state, and
17 also because of the absence of their relatives ¹². On the other hand, without a clear concept of
18 what conditions are required to ensure women's dignity in the delivery room, confirmation that
19 professionals are respecting their dignity will not be possible ¹⁰. It is essential, that concept of
20 dignity and its affecting factors be identified¹³. Yet the concept of dignity is complex and
21 multidimensional making a comprehensive definition difficult. Thus, regardless of many
22 attempts to describe and explain this concept and identify its affecting factors, the concept of
23 dignity and its influencing factors in women in the delivery room remains complex and obscure.

24 The physical environment, organizational culture and behavior and attitudes of healthcare
25 personnel is recognized as impacting on the dignity of patients, therefore, the results of the
26 studies on other patient groups, such as those in general or critical care units cannot be
27 generalized to patients in a delivery room, because the environment is different ^{11, 13}.

28 The possibility of investigating the concept of dignity from the perspective of women
29 with delivery room experience is difficult and potentially detrimental, because of the stress of
30 revisiting what may have been traumatic experiences, and their spouses are barred from the
31 delivery room setting in Iranian state hospitals. Therefore, professional caregivers are the people

best positioned to explain this concept for these patients. Due to the importance of maintaining and promoting the dignity of pregnant women in Iranian society, this study focuses on explaining and describing the concept of dignity for women in labor from the perspective of their immediate caregivers. In order to explain the concept of dignity in regards women in the delivery room, a qualitative study has been applied because qualitative studies explain a phenomenon in a cultural context from the viewpoint of people who have had an important association with the phenomenon ¹⁴. It is hoped that the results of this study will help managers and caregivers to provide care environments conducive to maintaining the rights and dignity of women in labor.

Objectives

The objective of this study is determining and describing the concept of dignity of women in labor from the perspective of professional caregivers.

Methodology

The qualitative content analysis method was used to explore participant narrative as it enables the gathering of rich and valid data to explain the concept under investigation. As qualitative research is based on the premise that experience is subjective, a research method was required that facilitated examination of individual experience and the shared understandings that emerged from those.¹⁵

The location of this study is the hospitals providing care for women in labor in the delivery room which are affiliated with Medical Science universities in the Southeast of Iran. Twenty professional caregivers (nurses and midwives) working in general hospitals caring for women in delivery room settings were invited to participate in the study between July 2016 to February 2017. Those participants had met predefined entrance criteria and were chosen through a targeted sampling method. There was an attempt to ensure diversity within the sample, so a wide range of caregivers were considered in terms of age, educational level, work experience, and marital status. The participants were selected from 3 educational hospitals affiliated with Medical Science universities in the Southeast of Iran. Entrance criteria included: being Iranian, speaking and understanding the Persian language, being aged between 24 to 55 years old, having at least 2 years' experience delivering care in delivery room environments, and being in the position to provide rich and valid data regarding the subject under study. An attempt was made

1 to increase the diversity of the sample so a wide variety of caregiver variance regarding age,
2 work experience and marital status, was included.

3 The data was collected through individual and semi-structured interviews with the 20
4 caregivers; the interviews were done in a one to one conversation in a quiet relaxed environment
5 selected by individual participants.

6 Individual interviews started with some general questions such as: “In your opinion, what
7 does dignity mean in the delivery room?” “What constitutes dignified care for such women, in
8 your perspective?” “In what situation is the dignity of women in labor threatened?” And later,
9 based on the answers to these questions, to clarify the information several follow-up questions
10 were asked such as: “Can you elaborate on that?” “What do you mean?” “Can you give me an
11 example?” It was attempted to carry out the interviews according to the main objectives of this
12 study. The interviews varied in length between 45 to 90 minutes. Immediately after each
13 interview, the interviews were listened to by the first author several times to acquire insights and
14 in-depth understanding and then they were transcribed. The analysis of the data was done
15 immediately after each interview, and then the next interview would be scheduled. The
16 interviews continued until saturation of data was achieved. Saturation is said to be obtained when
17 there is no new category emerging and the categories will be saturated based on their
18 characteristics and dimensions ¹⁶.

19 As the data was collected, it was analyzed using content analysis; prior to the next
20 participant interview, the first author listened to them and transcribed them, and later to achieve
21 data immersion and acquire insight and deep understanding of the phenomenon under study, the
22 transcriptions were studied several times. Then, meaning units were identified based on the
23 objectives and research questions. Next, the key points were extracted as open codes, considering
24 the obvious and hidden contents of the meaning units. These codes were categorized based on
25 their similarities and differences and the abstraction process continued until the theme was
26 extracted ^{16, 17}.

27 In order to ensure the trustworthiness of the process Guba and Lincoln criterion were used ¹⁸.
28 Guba and Lincoln posit that evidence of the trustworthiness of a research study is important to
29 evaluating its worth, and suggest this involves establishing its credibility, transferability,
30 dependability, and confirmability ^{11, 19}. By evidencing this, at the beginning of the study, the

1 researchers put aside all their prior understanding, personal beliefs and biases regarding dignified
2 care as delivered by nurses, so that they could develop an accurate, authentic and unbiased
3 description of this phenomenon. Several other strategies were also employed to increase the
4 trustworthiness of the data; sufficient time was allocated for data collection and for prolonged
5 engagement with participants. Participant variation was ensured through careful sampling, The
6 veracity of narrative analysis was encouraged through researcher immersion and prolonged
7 engagement with the participant narratives, as well as through member checking by participants,
8 and peer check by colleagues.

9 **Ethical Considerations**

10 For each interview, the researcher first introduced herself and explained the purpose of this study
11 and after giving verbal and written explanations, the informed consent forms were completed.
12 The participants were assured of confidentiality and anonymity and advised that only
13 demographic data would be published. The researcher also informed the participants that a
14 withdrawal at any stage of the study or the lack of cooperation would not have any consequences
15 for them.

16 **Results**

17 In this study, interviews with 20 professional caregivers (nurses and midwives) for women in
18 labor in state hospitals were carried out. The participants of this study were all females. The
19 individual information of the participants is presented in Table 1. Three main themes including
20 “maintaining privacy”, “respecting the patients’ preferences”, and “comprehensive attention”
21 along with 8 categories were extracted from the data. Table 2 presents the themes and categories.
22

23 **A) Maintaining Privacy**

24 Participants indicated that maintaining the physical, psychological and informational privacy of
25 women in labor in the delivery room is very important, therefore healthcare professionals
26 working in such environments should strive to ensure this. The theme of maintaining privacy
27 included three categories: maintaining the sexual-physical privacy, maintaining psychological
28 privacy, and maintaining informational privacy.

29 The participants asserted that it is important for women that they are cared by same-sex
30 caregivers when in the delivery room. Several reasons were given for this; the practicalities of

1 the delivery room and agreed absence of the patients' relatives, the incapacitating effects of local
2 or general anesthesia, patients wearing clothes that do not cover their body and hair completely
3 and do not have veil, and finally because of some reports of physical and sexual abuses occurring
4 in the operation room setting, including the delivery room^{20, 21},

5 *"Sexual privacy is very important in Iranian culture, if the genital area is seen by the*
6 *opposite sex, females get distressed. Therefore, women prefer to take care of patients*
7 *who are the same sex in the delivery room."*(P2).

8 Also, the participants stated that these women suffer considerable stress from the
9 beginning of Labor pains until they reach the appropriate conditions for delivery, therefore the
10 emotional privacy of these women should be respected and while providing directions around
11 labor the caregivers need to pay attention to the stress of the situation.

12
13 *"Although during pregnancy, women learn a lot about their behavior and performance in*
14 *labor, women especially those who are experiencing their first labor or had a bad*
15 *experience, suffer from a lot of stress and would not care or listen to us, so we should not*
16 *lose our temper or say anything which disrespects a patient or psychologically offends*
17 *them, instead we should try patiently to instruct them and try to assure them and make*
18 *them relaxed so that they can get rid of their tensions and become calm; in this way we*
19 *can maintain their psychological dignity."*(P1)

20
21 Moreover, the participants of the study asserted that the personal and private information
22 of these women and especially information regarding their other illnesses, their children, and
23 even any diagnosed disability of the child which is due to be born should not be given to other
24 people and should be kept confidential by the doctor or the main caregiver.

25 *"Women do not like to discuss their private issues with anyone other than their main*
26 *caregiver and even sometimes they prefer that no one, except for their husbands or*
27 *mothers know about such information."* (P11)

28 29 **B) Respecting the Patients' Preferences**

30 The participants of this study stated that the preferences and decisions of pregnant women
31 regarding their self-care, the type of the childbirth and their religious beliefs should be respected.

1 This theme included two categories: “respecting the decisions of the patients regarding their
2 treatment and care” and “respecting the religious beliefs of patients”.

3 One of the ethical principles in nursing care is respecting the patients’ decisions around
4 care. From the perspective of the participants of this study, healthcare staff should respect the
5 views and decisions of women in labor regarding the care giving and the type of the delivery
6 method in the clinical decision-making process.

7
8 *“When pregnant women are told what we are going to do for them and what type of*
9 *delivery method is appropriate based on their physical situation and the situation of their*
10 *babies, and also their views are all considered, they accept the decisions more willingly*
11 *and have more cooperation with the delivery method, for example natural childbirth.”*
12 (P12).

13 In addition, the caregivers stated that women in labor often prefer to engage in some
14 religious or spiritual practices such as saying prayers or talking to a clergywoman which may
15 reduce their anxiety.

16 *“Women are under a lot of stress, because they're worried about the delivery. They're*
17 *always wondering if they can give birth to a healthy child and they like to say prayers in*
18 *or do other religious practices, which make them relaxed; therefore, we need to respect*
19 *their beliefs to provide the opportunity for them to do their practices as much as*
20 *possible.”*(P14).

21 22 **C) Comprehensive Attention**

23 Based on what the study participants said, pregnant women need to feel the effective presence of
24 a healthcare professional as well as their husbands near to them. To meet their needs, women in
25 labor are considered to require extensive psychological support from such individuals. The
26 caregivers should also treat these women fairly and should avoid any type of discrimination. The
27 theme of comprehensive attention included three categories: “presence near women in the
28 delivery room”, “meeting the patients’ needs” and “avoiding discrimination”.

29 If husbands were allowed to be present at the delivery room, these women will probably feel
30 reassured, but in general hospitals husbands are not allowed to enter the delivery room.
31 Professional caregivers, therefore, should spend more time at the bedside of hospitalized women

1 in the delivery room setting, giving them attention. This type of presence should be accompanied
2 by valuing and caring for these women and their needs.

3 *“The fact that the caregiver comes beside the bed of the patients and kindly and openly*
4 *speaks to women in labor and informs them, women realize that their caregivers pay*
5 *constant attention to them and their situation, which results in a more feeling of*
6 *comfort.” (P7).*

7
8 The participants also identified that the presence of the patients’ spouses by their beds in
9 in the operation room before delivery and during the labor could be most relaxing and
10 comforting for women, however due to the rules of state hospitals in Iran, this is not possible.

11 *“When spouses are in the room before the delivery and also in the operation room next to*
12 *their wives, this shows their love, and women have more comfort by the presence of their*
13 *spouses than anything else, however this is not possible in state hospitals.” (P10).*

14
15 Furthermore, good quality care and support provided by the treatment team and the
16 families to these women results in enhanced feelings of satisfaction and improves their mood and
17 comfort.

18 *“When we take good care of the women and we go to their bedside as soon as they call*
19 *us, and meet their needs and also try to have a successful delivery, they will be hopeful*
20 *and thank us with their admiring and satisfactory looks. Sometimes the delivery was not*
21 *going on well, however because we cared for their needs and we attempted at each*
22 *moment to maintain their dignity, still the women themselves and their companions*
23 *thanked us.” (P13).*

24
25 It is essential that professionals avoid demonstrating any type of discrimination against
26 women in their care and treat them fairly with treatment based on their identified needs.
27 Equitable treatment within the delivery room is essential as this is an environment within which
28 the women are likely to experience significant stress.

29 *“Sometimes the caregivers discriminate between the women in the delivery room and*
30 *they respect and better treat women with a higher educational or financial status and*

1 *meet their needs, while they pay less attention to women with lower education or lower*
2 *financial situation and discriminate between the patients.” (P6).*

3 **Discussion**

4 Maintaining dignity is a crucial factor in the delivery of high quality care and is identified as a
5 basic human right ⁹. Understanding this concept from the perspective of hospitalized patients
6 could improve the recovery and psychological wellness of these patients; therefore, it is
7 important to fully investigate this issue. Women in labor are in a very vulnerable situation, and
8 are more prone to infringements on their dignity ¹², thus the findings of this study focuses on the
9 importance of maintaining women's dignity in the delivery room setting. In this study promotion
10 of dignity for women in labor in the delivery room setting included three main themes from the
11 perspective of professional caregivers: “maintaining privacy”, “respecting the patients’
12 preferences”, and “comprehensive attention”.

13 The concept of dignity for women in labor has not been fully studied and defined.
14 Because of the scarcity of the studies on this matter, this research has used the findings of similar
15 studies exploring the concept of dignity among other patient groups.

16 Maintaining privacy was important then in this study. Respecting people's privacy is one
17 of the main human rights, so in providing nursing care it is essential that women's privacy be
18 respected in the delivery room. This study revealed that maintaining the physical-sexual,
19 psychological and informational privacy for women in labor during the delivery was essential
20 from the perspective of professional caregivers. Similarly, in other studies maintaining the
21 informational and physical privacy of patients was considered as an important factor affecting
22 their dignity^{6, 7, 9}. In most studies done in Iran, maintaining the sexual privacy of patients has
23 been emphasized, showing the importance attributed to the maintenance such privacy within
24 Iranian culture^{7, 9, 11}. As dignity is a culture-based concept ⁶, and most patients and caregivers in
25 the nursing workforce of Iran are Muslims, they believe they should respect the sexual privacy of
26 patients, especially women, according to Islamic laws and human rights. In addition, these
27 caregivers understand that sexual issues are very important in many cultures, especially in
28 Iranian culture^{9, 13} because the sexual issues are influenced by religious norms, and consequently
29 could further threaten women's dignity and their families’ dignity. An example of which is
30 expectations that a Muslim woman's body should be covered and veiled in the presence of
31 unrelated adult males. Therefore, professional caregivers try to ensure care in the delivery room

1 is provided by female caregivers to maintain women's dignity. Additionally, respecting the
2 emotional and psychological privacy of women in the delivery room was one of the other
3 important categories which participants identified in order to maintain the dignity of such women
4 .Two similar studies also indicated that respecting the psychological privacy of the hospitalized
5 patients is crucial in order to maintain the patient's dignity ^{9, 11}. In addition some of the literature
6 around the concept of dignity identifies control of stress and tension as essential factors for
7 maintaining dignity^{21, 22}. Women in the delivery room often experience significant stress and
8 tension and are influenced by the anxiety provoking situation of being in the delivery room, so
9 they may sense a loss of control within the situation and struggle to follow the instructions they
10 received before the delivery, especially those who are experiencing their first delivery. Hence,
11 the requirement for ongoing instruction²²⁻²⁴. In such settings, some women, especially those who
12 are experiencing their first delivery or those who had a previous negative experience, may be
13 more noticeably anxious, and possibly show aggression toward the care team^{23, 24}. However, the
14 caregivers should understand the stress within the situation for these patients, and should not
15 respond in aggressively and must strive to maintain patient dignity. In addition caregivers should
16 be patient in order to help patients control their tensions and have a successful delivery²². The
17 professionals questioned said that the family, medical and personal information of pregnant
18 women in the delivery room should be managed confidentially and should be kept from other
19 non-medical staff. Several studies have also asserted that respecting the informational
20 confidentiality of the patients is an important dimension of maintaining the patients' privacy and
21 it is very important for patients that their personal and medical information should be only
22 available to relevant health care staff ²⁵; the findings of the studies correspond to those of the
23 present study.

24 Respecting patients' preferences is another factor identified as impacting on the dignity
25 of women in labor within the present study. This means that the nurses and other caregivers
26 should respect the patients' decisions regarding the treatment method, and their religious beliefs.
27 Respecting the patients' preferences in this study emphasizes on respecting the patients'
28 decisions regarding the treatment and their religious beliefs. Similar to the findings of the present
29 study, Matiti (2008) stated that if women can take an active part in their care and treatment
30 decisions, their dignity is maintained ²⁶. Also Bagheri et al. (2012) considered the participation
31 of patients with cardiovascular disease in decision making around their medical treatment as the

1 main factor in promoting the dignity of such patients ²⁷. Therefore, it is highly probable that
2 when women in labor are empowered sufficiently to make decisions around their own care, they
3 will feel more valued and self-efficacious and will have a more collaborative relationship with
4 care staff. This consequently results in promoting their psychological and psychological
5 wellbeing ²⁸. Thus, it is of great importance that women in labor take part in making care
6 decisions, especially the delivery method, and that their views and wishes are respected. The
7 participants of this study also believed that they should respect different religious beliefs of
8 different women in labor and also their families and should try to meet their religious needs so
9 that these women feel more relaxed. Similarly, several other studies emphasize the importance of
10 respecting the hospitalized patients' religious needs^{9, 11, 13}.

11 Comprehensive attention was the other theme identified within this study as relevant to
12 maintaining women's dignity in the delivery room setting. The participants in this study asserted
13 that comprehensive attention for women in labor, especially in the delivery room, is one of the
14 main factors required to promote their dignity. As these women feel reassured when their
15 spouses and professional care staff have a significant presence by their bedside, so care staff
16 should try to meet this need without any discrimination. The presence of healthcare professionals
17 at the patient's bedside reflects comprehensive attention to patients, because sustained and
18 effective professional presence at the patients' bedside forges a therapeutic bond between career
19 and patient, and care will more likely be delivered in a meaningful and genuine way, which
20 results in maintenance of the patient's dignity ²⁹. Another of the important issues regarding the
21 patient's dignity is incorporating the family within the care team in order to support the patient ²⁷,
22 ³⁰. This is because the presence of the family, especially spouses, plays a significant role in
23 supporting and meeting the patients' psychological needs in the delivery room, and makes them
24 feel more relaxed and more likely to have a successful childbirth. Ignoring the patients' needs
25 will also threaten their dignity ²⁷. As Hosseini et al. (2016) claimed in their study, comprehensive
26 attention is an important and influential factor on a patient's dignity and makes a patient feel
27 secure; since nursing is a holistic science in providing care for patients, all the patients' medical
28 and caregiving needs should be attended to ⁷. Nevertheless, in Iranian culture, scarce
29 consideration been given to the importance of the presence and support of family members,
30 especially the spouses of pregnant women in the delivery setting, and how this impacts on the
31 promotion of dignity. Caregivers and investigators have tried to describe the importance of

1 spousal presence in the delivery room to the authorities and policymakers, But they have not
2 succeeded in obtaining approval from the authorities for the presence of the spouses in the
3 delivery room. A decision influenced by the religious and cultural atmosphere governing the
4 centers providing care in Iran, according to which the families, including husbands cannot be
5 present in the delivery room.

6 Avoiding discrimination was another important category related to the theme of
7 comprehensive attention. The participants in this study identified that it was not appropriate for
8 professional caregivers to discriminate between women in the delivery room, because it will
9 threaten their dignity. Avoiding discrimination is also a professional value in nursing, and care
10 givers should not demonstrate any bias toward different patients and patient groups ³¹.
11 Confirming the findings of this study, two other studies have also claimed that there is obvious
12 evidence that professional caregivers do discriminate between patients meaning this moral
13 requirement is at times neglected by professional caregivers ^{32, 33}.

14 In conclusion, it can be claimed that one of the most important needs of caring for
15 women in the delivery room is maintaining their dignity. From the perspectives of the caregivers
16 in this study, if there is a respectful atmosphere and the privacy of these women is respected and
17 women participate in making decisions regarding their caregiving or medical issues, the dignity
18 of the women in labor will be maintained in the delivery room. In addition, they should be cared
19 for by the care team as well as their relatives. Meeting these conditions will promote satisfaction
20 with care delivered for this group of women and will encourage positive outcomes and maintain
21 and promote their dignity.

22 23 **Limitations and Suggestions for Further Studies**

24 One limitation of this study is that the participants were recruited only from professional
25 caregivers for pregnant women in state hospitals in Iran. Another limitation of this study was
26 collecting information only through individual interviews and in field note taking; recognizing
27 that using other methods of data collection could enrich the results of this qualitative study.
28 Therefore, it is suggested that further studies investigate the dignity of women in the delivery
29 room of private hospitals, and in addition to individual interviews, make use of other data
30 collection methods such as observation and focus groups. Also more qualitative and quantitative

research with more samples in other countries and cultures is needed in order to define the concept of dignity in pregnant women in the delivery room.

Conclusion

Pregnant women are more vulnerable to losing their dignity and because maintaining dignity in such women will lead to optimal outcomes, it is of great importance to address this. However, the concept of dignity in pregnant women in delivery room has not been fully defined and explained. The findings of this study help to define this concept for pregnant women. Based on the present study, respecting the privacy of these women and respecting their preferences and providing comprehensive attention can help maintain their dignity. Furthermore, maintaining the physical-sexual privacy and respecting the patients' preferences along with comprehensive attention and care giving should be emphasized to promote the care quality and dignity in such women, as human dignity is an important value in nursing, especially regarding pregnant women in the delivery room. Therefore, it is important to provide a cultural, professional and organizational background in which all the basics of maintaining the dignity of pregnant women in the delivery room will be respected. In so doing, it seems that the authorities and policymakers involved in healthcare delivery should review and utilize the results of this study, provide an appropriate support environment for maintaining the dignity of these women, and should also pay attention to the complexity and abstractness of the concept of dignity for this vulnerable group. This will therefore require focus on the educational, research and managerial influences on patient dignity, as well as its consideration during the development of health policies.

Conflict of interest

No conflict of interest was stated by the authors of the present study.

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Table 1. Individual social characteristics of the participants

Participants	Sex	Age (year)	Marital status	Educational level	Work experience (years)
P1	Female	32	Married	Bachelor of nursing	3
P2	Female	40	Married	Master of Midwifery	19
P3	Female	41	Married	Bachelor of nursing	18
P4	Female	27	Married	Bachelor of nursing	2
P5	Female	34	Married	Bachelor of Midwifery	8
P6	Female	37	Single	Master of nursing	10
P7	Female	33	Married	Bachelor of Midwifery	7
P8	Female	38	Married	Master of nursing	9
P9	Female	39	Married	Diploma of nursing	19
P10	Female	44	Married	Bachelor of nursing	20
P11	Female	30	Married	Bachelor of Midwifery	5
P12	Female	42	Married	Diploma of nursing	15
P13	Female	28	Single	Bachelor of nursing	3
P14	Female	24	Married	Bachelor of nursing	2
P15	Female	28	Single	Bachelor of nursing	3
P16	Female	32	Single	Bachelor of nursing	18
P17	Female	43	Married	Diploma of nursing	18
P18	Female	26	Married	Bachelor of nursing	2
P19	Female	34	Married	Master of nursing	9

1	P20	Female	27	Single	Master of Midwifery	3
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Table 2. Themes and categories extracted from content analysis

Theme	Category
Respecting privacy	<ul style="list-style-type: none">• Physical-sexual privacy• psychological privacy• Informational privacy
Respecting patients' preferences	<ul style="list-style-type: none">• Respecting patients' decisions regarding the treatment and caregiving• Respecting the patients' religious beliefs
Comprehensive attention	<ul style="list-style-type: none">• Bedside presence in the delivery room• Dealing with the patients' needs• Avoiding discrimination

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